



Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2616, Expedited Procedure

00169.001658

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
JULIE RAE KOWALD : Examiner: Christopher O. Onuaku
Appln. No.: 09/543,330)
Filed: April 5, 2000)
For: AUTOMATED VISUAL)
IMAGE EDITING SYSTEM : April 13, 2005

Mail Stop AF
The Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL ACTION

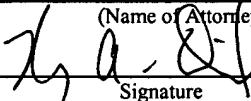
Sir:

In response to the Office Action dated January 13, 2005, please amend the above-identified application as follows pursuant to 37 C.F.R. § 1.116. The claims changes are reflected in the listing that begins at page 2, and the Remarks begin at page 22.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

April 13, 2005
(Date of Deposit)

RAYMOND A. DIPERNA (Reg. No. 44,063)
(Name of Attorney for Applicants)


Signature

April 13, 2005
Date of Signature



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RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
ART UNIT 2616

In re Application of:

Docket No. 00169.001658.

JULIE RAE KOWALD

Application No.: 09/543,330

Examiner: Christopher O. Onuaku

Filed: April 5, 2000

Group Art Unit: 2616

For: AUTOMATED VISUAL IMAGE
EDITING SYSTEM

Date: April 13, 2005

Mail Stop AF
The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 67	MINUS	** 87	= 0	x \$25 \$50	\$0
INDEP. CLAIMS	* 6	MINUS	*** 6	= 0	x \$100 \$200	\$0
Fee for Multiple Dependent claims \$180°/\$360						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

^o Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

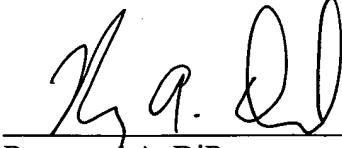
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$_____ to cover the fee for a ___-month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Raymond A. DiPerna
Attorney for Applicant
Registration No. 44,063

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